

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/635,730
		Filing Date August 6, 2003
		First Named Inventor Kirt Debique
		Group Art Unit 2194
		Confirmation Number 8859
		Examiner Name Kimbleann C. Verdi
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number 302132.01

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (15 pages) <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <ul style="list-style-type: none"> <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Replacement Drawings() <input type="checkbox"/> Declaration <ul style="list-style-type: none"> <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <ul style="list-style-type: none"> <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SIGNATURE OF ATTORNEY OR AGENT					
Signature	<u>/MacLane C. Key/</u>		Reg. No.	48,250	
Name of Attorney or Agent			MacLane C. Key		
Date	May 26, 2009	Tel.	(703) 647-6566	Facsimile No.	(425) 708-5046
Assignee Name:			MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:			22971		